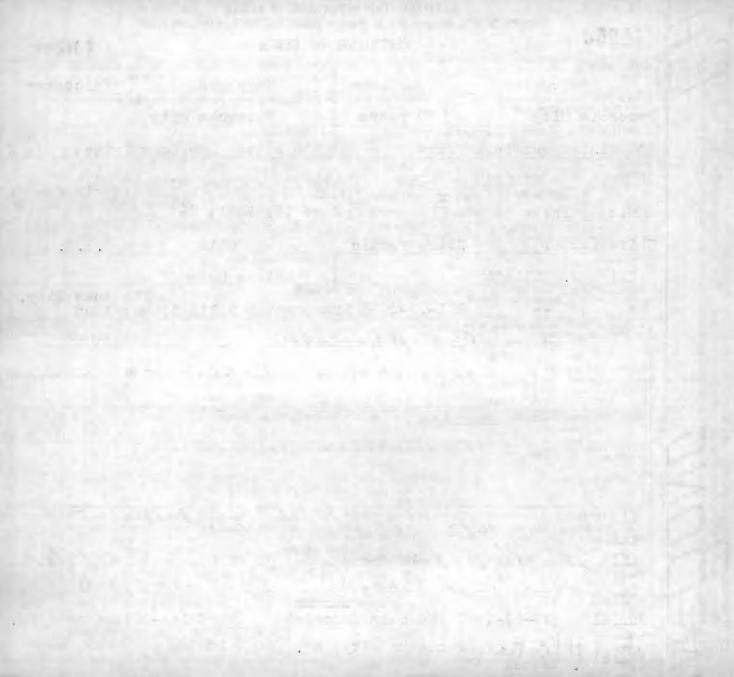
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the 1 a. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Pag bon papers. Pag within 72 hours Prite RURAL and give-negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .= TOF filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NOX YES domplerely pou NAME OF 3. First Middle DATE Month Day DECEASED event, (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Jast - Irinday) | Months | Days | Hours | Min. DATE OF BIRTH 9. 8. 7. MARRIED NEVER MARRIED and ЯПУ WIDOWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) E 10b, KIND OF BUSINESS OR 11. BIRTHPLACE physician en please r County & State, or foreign country) 12. CITIZEN OF WHAT 9g INDUSTRY COUNTRY? and certificate removal, FATHER'S NAME MOTHER'S MAIDEN NAME n signed by the attending burial-transit permit. The burial, cremation, or remov SDCIAL SECURITY NO. 17. INFORMAN Address death r unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to immediate the DUE TO cause (a). stating the 0 certificate bus b thed for use as to bt. of Health prior underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) PERFORMED? CERTIFICAT YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part 1 or Part 11 of Item 18.) this certifidetached for Dept. of I DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det factory, street, office bldg., etc.) After And he was the se Hour a.m. Not While While be retained by 19 at work at work director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at FMM, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED SLONATURE 22a. ATTENDING PHYS. DIRECTOR TO HOSPITAL C M.D. PHYS. ADDRESS 22c. 22d. director, p Gantz, NAME (Type) Frank Bay St. Berlin. Md. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) DATE THEREOF 23c. REMOVAL (Specify) REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 196 VR A15 (4) 15M 4-64

PERMIT Marasser Warasser WOLDER-GL Rual- Stockton Rural Stockton REDI Collick Oct. 1 67 Thelma, E. Dec 9,1910 56 Female Negro USA. Laborer Factory Eddie Douglas Frances No - 28-16-7896 Helen Martin Stockton, Md. 11811 .. (Ante, 12, . b. 5 12, . . 11811 Burial 10-4-67 Hora Box Ficial Com Stockton Md. Lateran en el a march, Va. 1641

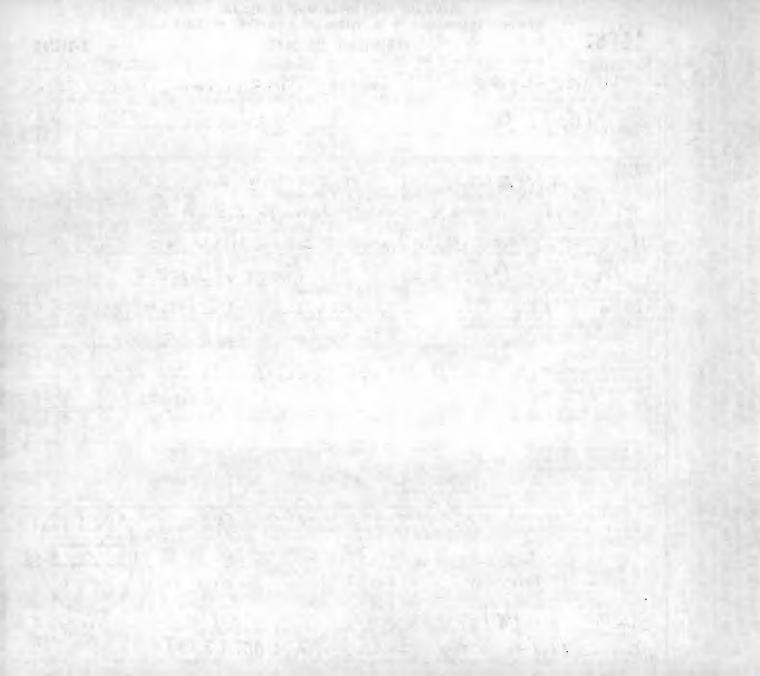
1 1	MARYLAND STATE DEPARTMENT OF HEALTH	ND Ason
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA Tiem #9 Film #G39b-11/2/67 ph	ND 21201
# (MA)	LEO 73 CERTIFICATE OF DEATH	14689
law requires that the death certificate be executed within 24 hours after death nating physician. been signed by the ottending physician and completely fitted in by the functor is the burial-transit permit. Then please remove corban pages. Pages 1 one in to burial, cremation, or removal, and in any event, within 72 hours after death.	1. PLACE OF DEATH G. COUNTY O. STATE O. STATE	ved, if institution: Residence before odmission) b. COUNTY
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phys phys en p	13. FATHER'S NAME	7
ing I The	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address ;
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equires that the death certificate be executed with physician. signed by the ottending physicion ond completely burial-transit permit. Then please remove corban burial, cremation, or removal, and in any event, with	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET, AND DEATH
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ATTENDIN etoined by CTOR: Afte should be vith the Sto	21. I certify that (I) (this haspital) attended the deceased fram, 19, tosaw the deceased alive an19, and that death accurred atM, fin	, 19, that (I) (we) la am causes and an the date stated abay
OR ATTENE be retoined DIRECTOR: A ge 3 should ed with the	220. SIGNATURE	STAFF 226. DATE SIGNED
OR DIRE	22c PHYSICIAN'S 22d. ADDRESS	PHYS.
RAL RAL	NAME (Type) / E-SARIORIUS TOCOMO	KA ILIZINA
Page 4 may be retained by the hospital or To FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for ushould be filed with the State Dept. of Health	230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATH	ON (City or Town) (County) (Stote)
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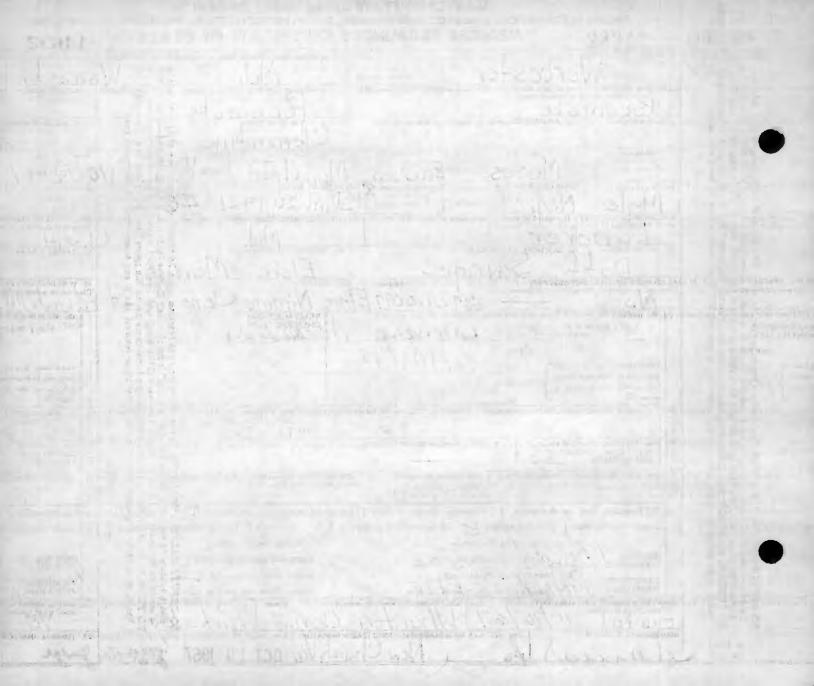
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14680 CERTIFICATE OF DEATH 14690 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Worcester Maryland Worcester within 72 hours after MARYLAND Pages b. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lawn) Pocomoke City Pocomoke City vears filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Winter Quarters Drive Winter Quarters Drive YES NO TX campletely f NAME OF First Middle Last DATE Manth Year Day DECEASED WILLIAM BEEM ELT. TOTT October 19 67 (Type or print) DEATH and in any evert 9. AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH remove birthdoy) Months Dovs Hours White June Male WIDOWED DIVORCED pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) UNDUSTRY COUNTRY? please physician Ohio Chiropractor Chiropractic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, William J. Elliott Hattie Beem 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Pocomoke City, (Yes, na, or unknown) (If yes give war or dates af service -07-2928 Mrs Dorothy Elliott. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician. DUE TO burial, MARCINGMA. Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause has been the last. 95 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO certificate 10 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City or town) (State) (County) Haur a.m. factory, street, office bldg., etc.) While Not While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from. 1966, to 10 19/37 that (1) (we) last 19 7, and that death occurred at 22 AM, from causes and on the date stated above sow the deceased alive on_ 22a. SIGNATURE 226. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS director, page Should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type OMON 23b. DATE THEREOF NAME OF CEMETERY BUXX BEAM DERX 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 10-11-1967 Mardela Memorial Mardela -Wicomico - Md. ADDRESS 2Sq. REC'D BY REGISTRAR 25b. 24 ELINERAL DIRECTOR Pocomoke City, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14681 CERTIFICATE OF DEATH 14691 24 hours after death. y the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY RCSSTER MARYLAND b. CITY OR TOWN (If outside corporate limits. 6. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS born apply ON A FARMS v filled NO P YES within NAME OF Middle 4. DATE Day Year DECEASED OF DEATH remove con event (Type or print) requires that the death certificate be executed IF UNDER 24 HRS 9. AGE (In years IF UNDER I YEAR S. SEX 7. MARRIED NEVER MARRIED birthdoy) and in any WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physicion a INDUSTRY HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN buriol, cremation, ar removal, e attending phys permit. Then F NNBR INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give yot or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) 4200 **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the h=spital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse as the be detached far use as the State Dept. af Health prior ta lost. WAS AUTOPS'
PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year FUNERAL DIRECTOR: After this Hour o.m foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at SP. M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22n. SIGNATURE ATTENDING M.D. DIRECTOR PHYS director, page 3 22d. ADDRESS 22c. PHYSICIAN'S Sno NAME (Type) OF CEMETERY DR CREMATURY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) BRUIN 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4)



5		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	AARVIAND
TEN		14682 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1.4000
ff,	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution) Re a. COUNTY	sidence before admission
1		Worcester MARYLAND STATE /VID. B. COUNTY WO	rester
		b. SHY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give appearst town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and	give nearest lown)
	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	o. IS RESIDENCE
		Clementine St.	ON A FARM
	3.	NAME OF DECEASED Middle Last 1 - 4. DATE UNKNOWN O.	Day Year
	5.	1105es Emerson Manuel, Jr DEATH Found dead 10	0-141967
		The manner of the state of the	EAR IF UNDER 24 HRS. Bys Hours Min.
	10a	TIED OCCUPATION IN THE PROPERTY OF THE PROPERT	EN OF WHAT COUNTRY
		Laborer Md. L	S.A.
	13.	PATHER'S NAME 14. MOTHER'S MAIDEN NAME FLORINGE 14. MOTHER'S MAIDEN NAME	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. np. or unknown) [(Ifyesgive war or deles of service)]	0
		No DIT-09-0097 Elsie Nimmo Clementino St. 4	ocomoke Md
		PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		HAMEDIATE CAUSE (a) COTONORY OCCURRENCES	
		Conditions, if any, which \ (b)	
		gave rise to immediate cause (a), stating the underlying DUE TO	
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	
2	ΥПО	THE STATE STORE CONDITION GIVEN IN PART I	PERFORMED?
3	CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	YES NO
		CAUSE OF DEATH.	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (Count Mour a.m. 20f. While Not While 10	y) (Slete)
	W	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my animin
		death resulted from: Natural causes Accident Suicide Homicide Undetermined manner	and in my opinion
		OF 1 - O CHIEF MEDICAL EXAMINER	
		SIGNATURE POUR F. CONTROL M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
2		NAME (Type) PHALLY P. BROWS DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	10-16-67
	226	BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 220 CATION (City, town, or county)	(State)
	23	Surial 10/16/6/ Wharton Cem. Parksley	Vq.
	1	New Church Va. DOCT 19 1967 Actionly	Quedal.
1	×	The state of the s	1 0



with form

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in pencil in Item,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours-eiter death.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office

A15ME 6M 1/67

necessary, please execute the certificate, writing the word "pending"

Bealth prior to buriol, cremation, or removal, and in any event within 72 hours after death.

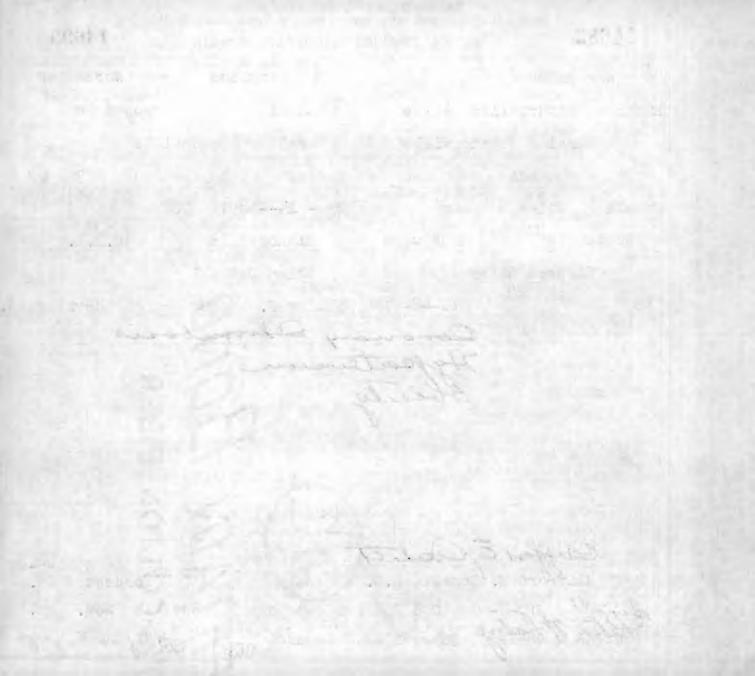
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1967

			MED	ICAL EXAMINER	3 (EKTIFICATE O	L DEALU				-		
	PLACE OF DEATH			MARYLAND		2. USUAL RESIDENCE (V o. STATE Mary.	Vhere deceosed li Land	ved, if institution b. COUNT	n: Residence Y WOP	before od	lmission) C T		
R	b. (ITY OR TOWN (II	outside corporate limits, giB 1eges 18 molVi		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Bishopville									
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitol, give street oddress) Rural Bishopville						d. STREET ADDRESS Rural Bishopville				e. IS RESIDENCE ON A FARM? YES NO			
	NAME OF DECEASED (Type or print)	Ada Ada	t	Middle Mae		lost assey	4. DATE OF DEATH	Month 10		Doy 3	Year 167		
	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED] B.	DATE OF BIRTH	891 10	brithdoy) Yrs.	Months D		UNDER 24 HRS. Durs Min.		
duri	USUAL OCCUPATION ing most of working l	(Give kind of work done		ND OF BUSINESS OR DUSTRY USEWIFE		11. BIRTHPLACE (Stote Bishopy		у)	U.S.	IRX?	AT		
13.	Sampson Selby					14. MOTHER'S MAIDEN IN Ellen C							
1S. (Ye	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dates of	annuan'i			FORMANT	Massey	Address		ovil	le,Md.		
	Conditions, if ony, rise to immediate stating the under lost.	ying couse DUE	(c) S	besily	20 TO TH	F TERMINAL DISEASE CON	CONTION GIVEN IN	PART I(a)		19. WAS	SAUTOPŠY		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFOR YES 20b. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH								NO [X]				
MEDICAL	20c. TIME OF INJUI Hour o.m	10	20d. IN While of work	Not While		OF INJURY (Home, form y, street, office bldg., etc.)		ty or town)	(Count	γ)	(State)		
	21. I certify that I took charge of the remoins described obove, held an Autopsy, Inspection, Inquiry, ond in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner ACTUAL SIGNATURE									DATE SIGNED			
230	BURTAL, CREMATIO	23b. DATE THE		odd 1 ello				W-			Md •		
24	FUNY MALESO	n a Whale	y s	elbyville,	De.	Laware 250. REC'D	BY REGISTRAR	2Sb. REGI	STRAR'S SIGN	VAJURE V	udgla		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14684 14695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT.). PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MORCESTER MARYLAND TOWN (If outside corporate limits, RITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 16 e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) This certificate should be executed within 24 hours ofter death 3. NAME OF Middle DATE DECEASED OF Red PRCP (Type or print) DEATH 7. MARRIED NEVER MARRIED DATE OF BIRTH Chief Medical Examiner's Office alor birthdoy) Months Hours WIDOWED poges lond 2 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during master working the, even if retired) INDUSTRY COUNTRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANCES File 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, np, grunknown) (If yes give war or dates of service event within 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate couse (a), 4 should be forwarded to DUE TO stating the underlying couse SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPS'
PERFORMED? or removol, NO X pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item IB.) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. cremation, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Horne form (City, or town) (State) Not While factors, street, affice bldg., etc.) FUNERAL DIRECTOR: Page ERIN WOR at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🔀 and in my apinian Hamicide X death resulted fram: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health 1 May NAME (Type) (Stote) 0 BERLIN REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5)

WINE 1 18 07 MINERAL SERVICE AND A SERVICE SI TAO SEPTEMBER SERVICE E F. STONE The second of th Andrew Commence of the Commenc a send government the fit the peticolitic THE THE ST THE STATE OF THE PARTY AND THE PARTY AND THE and the second party of th The books of the second of the second of the Council 10-19-67 EVERCAGEN BORIN DIE 11 South of the state of the state